

**ENHANCED BENEFIT
TRICARE Reserve Select and YOU!!!!**

TRICARE Reserve Select (TRS) is a premium- based health plan that offers health insurance to all Service Members of the National Guard and Reserve.

REQUIREMENT:

Service Member **MUST** actively report to drill to be eligible.

EXCLUSION:

If you are eligible or enrolled in the Federal Employee's Health Benefits (FEHB) program – (this does include our military Technician force) you are **NOT ELIGIBLE** for TRS coverage.

TRICARE Reserve Select is a Comprehensive Coverage:

Emergency and Urgent Care	Immunizations & Health Screening
Maternity Care	Behavioral Health Care
Eye Exams	Prescription coverage

2011 TRS Premiums (premiums are subject to change annually)

Service Member only coverage is **\$53.16** a month

Service Member and Family coverage is **\$197.76** a month

2012 TRS Premiums

\$54.35

\$192.89

Annual Deductible (1 Oct – 30 Sep)

Sponsor Rank E4 and Below:

SM only \$50.00

SM / Fam \$100.00

Sponsor Rank E5 and above:

\$150.00

\$300.00

Outpatient Cost – Your Share after the deductible is met.

(for a list of providers in your area access www.triwest.com)

15% Network Provider

20% Participating provider

Catastrophic Cap – Maximum amount you pay each year (1 Oct – 30 Sep)

\$1000.00 per family

*Once enrolled it is necessary to update changes (new babies, marriage, and divorce) DEERS update alone will not add family members to the coverage.

*Once enrolled if you wish to dis-enroll you **MUST** complete the disenrollment form.

Updates / disenrollment forms are available on the Guard-Reserve Portal.

For additional information, TRIWEST has wonderful presentations online at www.triwest.com, see the “Guard and Reserve” section or 1.888.TRIWEST.

Instructions for enrollment on the reverse side

ENROLL by the end of the month to ensure coverage of the 1st day of the following month! Example enroll by the end of July for 1 Aug coverage. ALL STEPS of enrollment must be complete by the end of the month!

If you have been released from active duty status of 30+ days or more you have 30 days to enroll into TRS to select the effective date as the day following your release from active duty. Example 30+ days of orders end on 15 July if you complete the steps of enrollment within 30 days of 15 July you can select the 16th of July as your TRS effective date.

1). Log onto the Guard Reserve Web Portal

<https://www.dmdc.osd.mil/appj/esgr/privacyAction.do;jsessionid=ac12801fbbc470112ad87d04a22a6429c38b7563279>

- a) Click OK
- b) Click on the TRICARE Reserve Select Website tab (left side of screen)
- c) Select RC Member (CAC, DFAS account) / click CONTINUE
- d) Scroll to the bottom of the screen and click OK
- e) Select Authentication method to access your record by selection of DFAS pin or CAC
(Don't select CAC if you do not have a CAC reader at your computer.)

The information on the screen should be your personal information and dependents information.

2). At the top of the screen click on the *PURCHASE COVERAGE* tab.

3). You will be required to verify that you are not eligible or enrolled in FEHB. If you are not entitled to the FEHB benefit – click not eligible for FEHB and submit.

****If you do have entitlement for the FEHB – do not proceed****

4). Select the date you wish to your coverage to start.

5). The next screen will ask you to verify your address, payment intent, and the names of your dependents be **sure to check the box next to the members you intend to be covered.** Click the continue button.

6). It is necessary to print the enrollment form also know as the DD Form 2896-1. Upon printing the enrollment/ DD Form 2896 – 1 you may sign off of the portal. ***For printing select the second option- “if you have problems printing a PDF version of the form, please Click Here.....”

7). Final STEP: Sign and date the DD Form 2896-1 and mail to the following address. **DO NOT FORGET** to include payment. Your 1st month premium is necessary with the submission of the enrollment. Either place a check or provide your credit card information.

- Enrollment forms must be received by TRIWEST by the end of the month prior to the coverage start date.

Example if you elect coverage to start 1 Jan enrollment form must be received by TRIWEST by the end of Dec.

****keep a copy of your enrollment form for your records****

Enrollment forms to be mailed to:

TRIWEST Healthcare Alliance
PO BOX 42048
Phoenix, AZ 85080

Please let us know if our Family Assistance Center can be of assistance to you or your family 1.800.658.3930 or michele.m.anderson@us.army.mil!

**Michele Anderson
South Dakota Family Assistance Coordinator
Contractor – HRCI**